

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599505

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	/		/				
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18	/		/				
19	/		/				
20	19		19				
21	19		19				
22	19		19				
23	0		1				
24	0		1				
25	0		1				
26	0		1				
27	19		19				
28	19		19				
29	19		19				
30	0		1				
31	0		1				
32	19		19				
33	19		19				
34	0		2				
35	0		2				
36	0		2				
37	0		2				
38	0		2				
39	0		2				
40	0		2				
41	0		2				
42	0		2				
43	0		2				
44	0		2				
45	0		1				
46							
47							
48							
49							
50							
TOTAL IND.	1	↓	1	↓		↓	
TOTAL DEP.	152	←	73	←		←	
TOTAL CLAIMS	153		74				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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98							
99							
100							
TOTAL IND.		↓					
TOTAL DEP.		←					
TOTAL CLAIMS							